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Deliver to: Cho, Hong Sol, USPTO Art Group: 2616  
 Facsimile No.: (571) 273-8300 Date: May 27, 2008  
 From: Mark L. Watson, Reg. No. 46,322

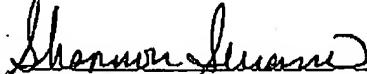
Our Docket No.: 42P16159 Number of pages 14 (including this sheet)  
 Application No.: 10/646,958 Filing Date: 8/21/2003  
 Docket Due Date(s): 8/1/2008

Enclosed are the following documents:

<input checked="" type="checkbox"/> Amendment: Response ( 11 pgs)	<input type="checkbox"/> Issue Fee Transmittal
<input type="checkbox"/> Appeal Brief ( ___ pgs)	<input type="checkbox"/> Notice of Appeal (in duplicate)
<input type="checkbox"/> Application: _____ ( ___ pgs) w/cover & abstract)	<input type="checkbox"/> Petition for: _____
<input type="checkbox"/> Assignment & Cover Sheet ( ___ pgs)	<input type="checkbox"/> Request for Continued Examination (RCE) (in duplicate)
<input checked="" type="checkbox"/> Certificate of Facsimile	<input type="checkbox"/> Reply Brief ( ___ pgs)
<input type="checkbox"/> Continued Prosecution Application (CPA)	<input type="checkbox"/> Request & Certification Under 35 USC 122(b)(2)(B)(i)
<input type="checkbox"/> Declaration & POA ( ___ pgs)	<input type="checkbox"/> Request to Rescind Previous Nonpublication Request
<input type="checkbox"/> Drawings: ___ sheets, ___ figures	<input type="checkbox"/> Response to Notice of Missing Parts & Formalities Letter
<input type="checkbox"/> Extension of Time: _____	<input type="checkbox"/> Response to Written Opinion ( ___ pgs)
<input checked="" type="checkbox"/> Fee Transmittal (in duplicate)	<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> IDS & PTO/SB/08 ( ___ pgs)	<input type="checkbox"/> Transmittal of Publication Fee Due
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Transmittal Letter

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.84)**

I hereby certify that this correspondence is being transmitted by facsimile on the date shown below to the United States Patent and Trademark Office.

  
 Shannon Serrano 5/27/2008  
 Date

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MAY 27 2008

## FEE TRANSMITTAL for FY 2007

*Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT**      (\$ )      **0.00**

Complete if Known	
Application Number	10/646,958
Filing Date	August 21, 2003
First Named Inventor	Carey W. Smith
Examiner Name	Cho, Hong Sol
Art Unit	2616
Attorney Docket No.	42P16139

### METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nonc	<input type="checkbox"/>	Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
<input type="checkbox"/> Charge fee(s) indicated below				<input checked="" type="checkbox"/> Credit any overpayments				
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				<input checked="" type="checkbox"/> Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.								

### FEE CALCULATION

#### 1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from table	Fee Paid
Independent Claims	13	25* = 0 x 50.00 = \$0.00	
	4	4* = 0 x 210.00 = \$0.00	
Multiple Dependent			

#### 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	(Fee Description)
1202 50	2202 25	Claims in excess of 20
1201 210	2201 105	Independent claims in excess of 3
1203 370	2203 185	Multiple Dependent claim, if not paid
1204 810	2204 405	**Reissue independent claims over original patent
1205 810	2205 405	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>		(\$ ) 0.00

\*or number previously paid, if greater. For Reissues, see below

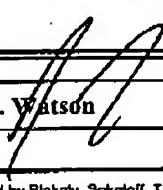
#### 3. SUBMITTED BY

Name (Print/Type)	Registration No. (Attorney/Agent)	Telephone
Mark L. Watson	46,322	(303) 740-1980

**SUBTOTAL (2)**

(\$ )

Complete (if applicable)

Signature	Date
	05/27/08

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafman (wir) 02/26/2007.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

MAY 27 2008

# **FEE TRANSMITTAL for FY 2007**

*Patient fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$)**0.00**

<i>Complete if Known</i>	
Application Number	10/646,958
Filing Date	August 21, 2003
First Named Inventor	Carey W. Smith
Examiner Name	Cho, Hong Sol
Art Unit	2616
Attorney Docket No.	42P16159

**METHOD OF PAYMENT** (*check all that apply*)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Credit any overpayments

Charge fee(s) indicated below, except for the filing fee  Any concurrent or future reply that requires a petition for extension of time should be treated as incorporating an appropriate petition for extension of time and all required fees should be charged.

Charge any additional fee(s) or underpayment of fee(s) during the pendency of this application.

## **FEE CALCULATION**

## **1. EXTRA CLAIM FEES**

Total Claims		Claims below	Fee Paid
Independent Claims	13	25 = 0 x 60.00 = \$0.00	
Dependent Claims	4	4 = 0 x 210.00 = \$0.00	
Multiple Dependent			

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	50	2202	25	Claims in excess of 20
1201	240	2201	105	Independent claims in excess of 3
1203	370	2203	185	Multiple Dependent claim, if not paid
1204	810	2204	405	**Reissue independent claims over original patent
1205	810	2205	405	**Reissue claims in excess of 20 and over original patent

*\*or number previously paid, if greater. For Premiums, see below.*

## **2. ADDITIONAL FEES**

**4. ADDITIONAL FEES**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	460	2252	230	Extension for reply within second month
1253	1,050	2253	525	Extension for reply within third month
1254	1,840	2254	820	Extension for reply within fourth month
1255	2,230	2255	1,115	Extension for reply within fifth month
1401	510	2401	255	Notice of Appeal
1402	510	2402	255	Filing a brief in support of an appeal
1403	1,030	2403	515	Request for oral hearing
1451	1,510	2451	1,510	Petition to Institute a public use proceeding
1480	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1808	180	Submission of Information Disclosure Stmt
1809	810	1809	405	Filing a submission after final rejection (37 CFR § 1.17(q))
1810	810	2810	405	For each additional invention to be examined (37 CFR § 1.17(q))

**Other fee (specify)**

**SUBTOTAL (2)**

**Fee Paid**

**SUBMITTED BY**

Name (Print/Type)	Mark L. Watson	Registration No. (Attorney/Agent)	46,322	Telephone	(303) 740-1980
Signature				Date	05/27/08

Based on PTO/SB/17 (02-07) as modified by Blakely, Sokoloff, Taylor & Zafren (wir) 02/28/2007.  
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**MAY 27 2008**

Our Docket No: 042390.P16159

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Smith

Examiner: Cho, Hong Sol

Application No.: 10/646,958

Art Group: 2619

Filed: August 21, 2003

For: COMMUNICATION PROTOCOL  
DETERMINATION

**AMENDMENT**

Mail Stop: Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed May 1, 2008, applicants respectfully request the Examiner to enter the following amendments and to consider the following remarks.

**CERTIFICATE OF FACSIMILE TRANSMISSION**

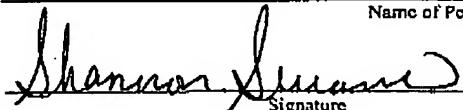
I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 on the date indicated below:

May 27, 2008

Date of Deposit

Shannon Serrano

Name of Person Transmitting Correspondence

  
Signature

5/27/08

Date